



Chapter 2: Program Activities for Healthy Development

2.2 Supervision and Discipline

Standard 2.2.0.7: Handling Physical Aggression, Biting, and Hitting

Caregivers/teachers should intervene immediately when a child's behavior is aggressive and endangers the safety of others. It is important that the child be clearly told verbally, "no hitting" or "no biting." The caregiver/teacher should use age-appropriate interventions. For example, a toddler can be picked up and moved to another location in the room if s/he bites other children or adults. A preschool child can be invited to walk with you first but, if not compliant, taken by the hand and walked to another location in the room. The caregiver/teacher should remain calm and make eye contact with the child telling him/her the behavior is unacceptable. If the behavior persists, parents/guardians, caregivers/teachers, the child care health consultant and the early childhood mental health consultant should be involved to create a plan targeting this behavior. For example, a plan may be developed to recognize non-aggressive behavior. Children who might not have the social skills or language to communicate appropriately may use physical aggression to express themselves and the reason for and antecedents of the behavior must be considered when developing a plan for addressing the behavior.

RATIONALE:

Caregiver/teacher intervention protects children and encourages children to exhibit more acceptable behavior (1).

COMMENTS:

Biting is a phase. Here are some specific steps to deal with biting:

Step 1: If a child bites another child, the caregiver/teacher should comfort the child who was bitten and remind the biter that biting hurts and we do not bite. Children should be given some space from each other for an appropriate amount of time.

Step 2: The caregiver/teacher should follow first aid instructions (available from the American Academy of Pediatrics [AAP] and the American Red Cross) and use the Center for Disease Control and Prevention's (CDC's) Standard Precautions to handle potential exposure to blood.

Step 3: The caregiver/teacher should allow for "dignity of risk," and let the children back in the same space with increased supervision. Interactions should be structured between children such that the child learns to use more appropriate social skills or language rather than biting. If there is another incident, caregivers/teachers should repeat step one. The biter can play with children they have not bitten.

Step 4: The adult needs to shadow the biter to ensure safety of the other children. This can be challenging but imperative for the biter.

Step 5: For all transitions when the biter would be in close contact, the caregiver/teacher should hold him/her on her/his hip or if possible hold hands, keep a close watch, and keep the biter from close proximity with peers.

Step 6: The child (biter) should play with one or two other children whom they have not bitten with a favored adult in a section separate from the other children. Sometimes, until a phase (biting is a phase) passes, the caregiver/teacher needs to extinguish the behavior by not allowing it to happen and thereby reducing the attention given to the behavior.



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Step 7: Parents/guardians of both children of the incident should be informed.

Step 8: The caregiver/teacher should determine whether the incident necessitates documentation (see Standard 9.4.1.9). If so, s/he should complete a report form.

Caregivers/teachers need to consider why the child is biting and teach the child a more appropriate way to communicate the same need. Possible reasons why a child would bite include:

- a. Lack of words (desire to stop the behavior of another child);
- b. Teething;
- c. Tired (is nap time too late?);
- d. Hungry (is lunch time too late?);
- e. Lack of toys – consider buying duplicates of popular items;
- f. Lack of supervision – more staff should be added, staff are near children during transitions, and room is set up to ensure visibility;
- g. Child is bored – too much sitting, activities are too frustrating;
- h. Child has oral motor needs – teethingers are offered;
- i. Child is avoiding something, and biting gets him/her out of it;
- j. Lack of attention – child receives attention when biting.

Other important strategies to consider:

- a. The caregiver/teacher should point out the effect of the child's biting on the victim: "Emma is crying. Biting hurts. Look at her face. See how sad she is?" Label feelings and give victims the words to respond. "Emma, you can say 'No biting!' to Josh";
- b. The child should help the victim feel better. He can get a wet paper towel, a blankie or favorite toy for the victim and sit near them until the other child is feeling better. This encourages children to take responsibility for their actions, briefly removes the child from other activities and also lets the child experience success as a helper.

Discussing aggressive behavior in group time with the children can be an effective way to gain and share understanding among the children about how it feels when aggressive behavior occurs. Although bullying has not been studied in the preschool population, it is a form of aggression (2). Here are some helpful Websites: <http://stopbullying.gov> and <http://www.eyesonbullying.org/preschool.html>.

For more helpful strategies for handling aggression, see Center on the Social and Emotional Foundations for Early Learning Website at <http://csefel.vanderbilt.edu>. In addition, a child care health consultant or child care mental health consultant can help when the biting behavior continues.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

RELATED STANDARDS:

[2.2.0.6](#) Discipline Measures

[2.2.0.8](#) Preventing Expulsions, Suspensions, and Other Limitations in Services

[2.3.1.1](#) Mutual Responsibility of Parents/Guardians and Staff

[3.2.3.3](#) Cuts and Scrapes



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3.2.3.4 Prevention of Exposure to Blood and Body Fluids

9.4.1.9 Records of Injury

REFERENCES:

1. Rush, K. L. 1999. Caregiver-child interactions and early literacy development of preschool children from low-income environments. *Topics Early Child Special Education* 19:3-14.
2. Ross, Scott W., Horner, Robert H. 2009. Bully prevention in positive behavior support. *J Applied Behavior Analysis* 42:747-59.